

*RCE*

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Customer No.: 28960

In re Application of: Wolfram Langer
Serial No.: 10/757,853
Filed: January 13, 2004
Entitled: **APPARATUS FOR BACTERIA REDUCTION**
Group Art Unit: 3728
Examiner Name: Mohandesi, Jila M.

MAIL STOP RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Sir:

This is a Request for a Continued Examination (RCE) under 37 CFR § 1.114 of the above-identified application.

CERTIFICATION UNDER 37 CFR § 1.08

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to : Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, Mail Stop RCE, December 14, 2006.

Junifel Gutierrez
(Name of Person Mailing Paper)

[Signature]
Signature

1. Submission required under C.F.R. § 1.114

- a. X Previously submitted
- i. X Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on November 9, 2006.
(Any unentered amendment(s) referred to above will be entered)
- ii. _____ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.
- iii. _____ Other _____.
- b. _____ Enclosed
- i. _____ Amendment/Reply
- ii. _____ Affidavit(s)/Declaration(s)
- iii. _____ Information Disclosure Statement (IDS)
- iv. _____ Other _____

2. Miscellaneous

- a. _____ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months.
(Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required)
- b. _____ Other _____

3. c. X Applicant is entitled to small entity status

4. Fees The RCE fee under 37 C.F.R. § 1.17(e) is required by 37C.F.R. § 1.114 when the RCE is filed.

- a. X The Director is hereby authorized to charge the following fees, or credit any overpayments to Deposit Account No.: 08-1275.
- i. X RCE fee required under 37 C.F.R. § 1.17(e)
- ii. _____ Extension of time fee (37 C.F. R. § 1.136 and 1.17)
- iii. _____ Other _____
- b. X Check in the amount of \$ 395.00 to cover the Request for Continued Examination Filing fee is enclosed
- c. _____ Payment by credit card (form PTO-2038 enclosed)

5. X Return Receipt Postcard

Dated: 12-14-06

By: *[Signature]*
Name: Thomas B. Haverstock
Registration No.: 32,571

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